

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**FINANCIAL DISCLOSURE STATEMENT**

 FORM B  
 For New Members, Candidates, and New Employees

 LEGISLATIVE RESOURCE CENTER  
 U.S. House of Representatives  
 18 MAR 16 PM 1:10

**Name:** Alvin Grayson
**Daytime Telephone:** \_\_\_\_\_

<b>FILER STATUS</b>	<input checked="" type="checkbox"/> New Member or Candidate for U.S. House of Representatives	State: <u>FL</u>	District: <u>7SD</u>	<input type="checkbox"/> Check if Amendment
	Candidates – Date of Election: <u>11/8/18</u>			
<input type="checkbox"/> New Officer or Employee	Employing Office: _____			Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
				Period Covered: January 1, <u>2017</u> to <u>2/14/18</u>

(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you, or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b>	
<b>THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE</b>	
<b>EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS</b>	
<b>TRUSTS</b> – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: ALAN GRAYSON

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**SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Alan Gershon

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Use additional sheets if more space is required.

## **SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: Adam Grayson

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**Use additional sheets if more space is required.**

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: ALAS (RAYSON)

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Assets and/or Income Sources		Value of Asset	Type of Income	Amount of Income	BLOCK A							
ASSET NAME	VAL				None	Dividends	Rent	Interest	Capital Gains	Exceptional Trust	Debt Owned	
NW Mutual (pr 15%)	X											
Lockport (Sparta)	X											
Montgomery Bank	X											
Kemper (Ind. Ad.)	X											
Bank of America	X											
Edwards (Cushing)	XX											
Wetherspoons (West)	X											
S- corp	S-corp											

**SCHEDULE C – EARNED INCOME**

Name: Alan Grayson

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$20 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME:** Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned incomes for Members and employees compensated at or above the "senior staff" rate was \$27,485. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Current Year to Filing	Amount
			Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$75,000
Civil War Roundtable (Oct 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
<u>IRA Conversion</u>	<u>to LHM IRA</u>	<u>40-</u>	<u>*120,419</u>
<u>Met Expert Consulting, Inc.</u>	<u>base Pay</u>	<u>n/a</u>	<u>n/a</u>

Use additional sheets if more space is required.

## SCHEDULE D - LIABILITIES

Name: Alan Geras

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**Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

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## SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates report positions held in the reporting period and the current calendar year, and two previous years.**

<b>Position</b>	<b>Name of Organization</b>
Manager	Silphline Mgt Co.
Director & Member	Silphline Fund LP
Trustee	G.A.P Telecommunications Trust
Trustee	Grayson Foundation
Director	April Th.

**Use additional sheets if more space is required.**

## SCHEDULE D – LIABILITIES

Name: Alan Gause

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SP. DC, JR  Creditor	Date Liability Incurred  MO/YR	Type of Liability	Amount of Liability									
			A	B	C	D	E	F	G	H	I	J
Example	First Bank of Wilmington, DE	Mortgage on Rental Property Dover, DE	\$10,001-\$15,000									
			\$15,001-\$50,000									
			\$50,001-\$100,000	X								
			\$100,001-\$250,000									
			\$250,001-\$500,000									
			\$500,001-\$1,000,000									
			\$1,000,001-\$5,000,000									
			\$5,000,001-\$25,000,000									
			\$25,000,001-\$50,000,000									
			Over \$50,000,000									
			Over \$1,000,000* (Spouse/DC Liability)									

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Position	Name of Organization
Owner/President	Gruson Consulting Inc.
Owner/President	38296 Yukon Inc.
Member	United Music Technologies, Inc.
Officer/Director	GEK LLC

Use additional sheets if more space is required.